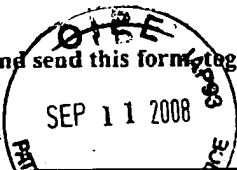


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Complete and send this form together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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27476 7590 06/13/2008

NOVARTIS VACCINES AND DIAGNOSTICS INC.
INTELLECTUAL PROPERTY R338
P.O. BOX 8097
Emeryville, CA 94662-8097

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

09/12/2008 RMEBRAH1 00000027 031664 10715665

Joy M. Marshall	(Depositor's name)
<i>Joy M. Marshall</i>	(Signature)
September 11, 2008	(Date)

01 FC:1501 1440.00 DA
02 FC:1504 300.00 DA
03 FC:8001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10715.665	11/17/2003	Mark Selby	PP01635.007	5235

TITLE OF INVENTION: HBV/HCV VIRUS-LIKE PARTICLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/15/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUCAS, ZACHARIAH	1648	424-199100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	Mark Seka
2	Roberta L. Robins
3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Novartis Vaccines and Diagnostics, Inc.

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1664 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Mark Seka

Date September 11, 2008

Typed or printed name

Mark Seka

Registration No. 44,330

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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From-Novartis V&D IP Dept

510-923-3542

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06/13/2008

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Joy M. Marshall

(Depositor's name)

Joy M. Marshall

(Signature)

September 11, 2008

(Date)

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2 Roberta L. Robins

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Novartis Vaccines and Diagnostics, Inc.

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

a. The following fee(s) are submitted:

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Authorized Signature

Mark Seka

Date, September 11, 2008

Typed or printed name

Mark Seka

Registration No. 44,330

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Telephone: (510) 923-2136

Facsimile Number: (510) 655-3542

Date: September 11, 2008

To: Mail Stop ISSUE FEE
United States Patent and Trademark Office

Facsimile No. 1-571-273-2885

From: Joy Marshall

Re: U.S. Application No. 10/715,665
Our Reference No.: PP 01635.007

Message: Attached please find the following documents:

1. Form PTOL-85 Part B Fee(s) Transmittal
2. DUPLICATE COPY: Form PTOL-85
(for payment by Deposit Account No. 03-1664)

PLEASE ACKNOWLEDGE RECEIPT OF THIS FACSIMILE: 510-655-3542

Total number of pages, including this cover sheet: 3

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